EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	STRICT	OF	Nevada		PROOF OF CLAIM
Name of Dubtor	Caro Humana			00	THOU OF SOME	
U.SA COMMERCIAL MORTICAGO CO O6-10725- LBR						
NOTI- This form should not be used to make a claim for an administrative expense ins					cement	
Name of Creditor (The person or other entity to whom the				ou are aware that a proof of claim rela		
debtor owes money or property) JAMES O DIERY I ANN R DERY, HUSBAND & WIFE	уон		n Att	ach copy of states		
Name and address where notices should be sent	☐ Che	ck bo	t if yo	u have never rece		
1960, VAN AKEN BIVO	Cas	e		e bankrupicy cour		
79601 VAN AREN 15108 SHAKER 1 473, OH 44122 Telephone number 216/283-2505				e address differs fr invelope sent to yo		THIS SPACE IS FOR COURT USE ONLY
Telephone number 216/283-2503 Last four digits of account or other number by which creditor	the	court.		replaces		THIS SPACE IS HIR CARRY USE CHAP
identifies debtor	1	us clar	- 1		ously filed	claim dated
1 Basis for Claim						USC § 1114(a)
Goods sold Services performed			Last	four digits of you	ır SS #	on (fill out below)
W Money loaned				aid compensation		es performed
Personal injury/wrongful death Taxes Other SEE EXACIT A			fron	(date)	to	(date)
	12				. Inda Ja 20	\
2. Date debt was incurred MARCH 2001	3.	II c	vert ,	judgment, date o	mrained.	
4 Classification of Claim. Check the appropriate box or boxes the	ut best de				amount o	f the claum at the time case filed
Unsecured Nonpriority Claim \$ 4,396,673		Se		Claum		
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or					secured by collateral (including	
only part of your claim is entitled to priority	none or		Bn	ief Description of	Collateral	
Unsecured Priority Claim			14	Real Estate	Motor Ve	etucle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	vhich is	A		lue of Colleteral		
Amount entitled to priority \$				claum, if any \$2		es <u>at time case filed</u> included in 5, 39
Specify the priority of the claim	П					hase, lease, or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A) o (a)(1)(B)	* <u> </u>		rvices 7(a)(7		ily, or hou	sehold use - 11 U S C
Wages salaries, or commissions (up to \$10,000),* carned within			٠			al units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 1 1 U S C § 507(a)(4)	or's		-		-	f II U.S C § 507(a)()
Contributions to an employee benefit plan - 11 U S.C. § 507(a						07 and every 3 years thereafter after the date of adjustment.
5. Total Amount of Claim at Time Case Filed		1,39	16,6	73 = 11,3		,86 \$1,396,673 86
Check this box if claim includes interest or other charges in add interest or additional charges,	huon to tl	(unsa ne pann	conted) copal :	(secured amount of the class	n. Attach	nority). (Total) nemzed statement of all
6. Credits. The amount of all payments on this claim has been	credited i	and de	ducte	d for the purpose	of T	HES SPACE IS FOR COURT USE ONLY
making this proof of claim.					l	
7 Supporting Documents: Attach copies of supporting docume orders, invoices itemized statements of running accounts contra	icts, count	Judgn	ents,	mortgages, securi	e ty	
agreements and evidence of perfection of lien DO NOT SEN	D ORIGI	NAL	DOC	JMENTS If the		
documents are not available, explain. If the documents are voluits. 8. Date-Stamped Copy. To receive an acknowledgment of the file.					ar-	
addressed envelope and copy of this proof of claim				_	- En	ED JAN 11 2007
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)						
11/0/07 > 1) ()00						112.
Penalty for presenting fraudatent claim. Fine of up to \$500,000 or	imprisonn	nent fo	T HO	to 5 years, or both	. 18 U.S.C	USA CMC

1072502063

FORM B10 (Official Form) Por B

United States Bankruptcy Court	Dis	STRICT O	OF Neva	ada	PROOF OF CLAIM
Name of Dubtor USA CAPITOL MORTGAGE COMPANY	Y Case	Number (06-1072	?5-LBR	PROUP OF CLAIIVI
NOTH This form should not be used to make a claim for an administrative expense ma					
Name of Creditor (The person or other entity to whom the dubtor owes months of property). DONALD P CLARK, TRUSTEE OF THE DONALD P CLARK FAMILY TRUST	eise your	e has filed ir claim A ing particu	a proof of Attach copulars	ware that anyone f claim relating to by of statement never received any	
Name and address where notices should be sent DONALD P CLARK, TRUSTEEE OF THE DONALD P CLARK FAMILY TRUST	notic case Che addi	ices from the eck box if the free from the free free free free free free free fr	the bankr	never received any ruptcy court in this as differs from the e sent to you by	
Telephone number Last four digits of account or other number by which creditor	Che	court. eck here	replac	es	
identifies debtor 3255 /or 2749	ıf th	his claim	amend	ds a previously fi	iled claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Ehibit A	t	La Ur	ages sala ast four di	aries, and compening to of your SS # mpensation for se	
2. Date debt was incurred 12/1/03	3	If cou	rt judgm	ent, date obtaine	ed .
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 559,011 56 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	ur claim, or none or which is or an 180 at tor's *An	Amount secured	Check this to of setoff Brief Description Real E Value of Count of arread claim in the country of the country o	s box if your claims cription of Collate Estate Motor Collateral \$_Ui arage and other chi if any \$_6.455 deposits toward personal family or h s owed to governm pplicable paragrap to adjustment on 4 ses commenced on	or is secured by collateral (including cral or Vehicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in add	_	(unsecure	ed)	(secured)	(priority) (Total)
interest or additional charges 6. Credits The amount of all payments on this claim has been					
making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents orders, invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attoring the support of the file this claim (attach copy of power of attoring the support of the support of the file this claim (attach copy of power of attoring the support of the support o	nents, such racts, court ND ORIGIN Imminous, att	as promis judgment NAL DOO ttach a sun ur claim, e	ssory note ts, mortga CUMEN mmary enclose a	es, purchase ages, security TS If the	THIS SINCE IS FOR COURT USE ONLY JAN 16 2007
140-200 Soull Plan	-	<i>(</i>)			USA CMC

		ntered 08/09/11 14:	54:27 Page 4 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case N	umber	Schedule/Claim ID s31239
USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classification \$25 903 59 Unsecured
DONALD P CLARK FAMILY TRUST DATED 10/25/94 C/O DONALD P CLARK TRUSTEE 305 W MOANA LN	payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.
RENO, NV 89509 4924 Creditor Telephone Number () 775 - 928 - 3355		differs from the address on the envelope sent to you by the court	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor in			
CLIENT ID 2749		Check here repla of this claim amer	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal ınjury/wrongful dea	∐ wages	salaries, and compensation	(fill out below) Other claims against servic (not for loan balances)
✓ Money loaned ☐ Other, (describe briefly)		r digits of your SS # compensation for services pe	1394
			(date) (date)
2 DATE DEBT WAS INCURRED 6-30-05		OURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or because side for important explanations	ooxes that best descri	,	nt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	and along to a sound by a little of the decimal
Check this box if a) there is no collateral or lien securing your clar exceeds the value of the property securing it or if c) none or only it	m or b) your claim	a right of setoff)	our claim is secured by collateral (including
entitled to priority		Brief description of	collateral
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which entitled to priority	1 IS	Value of Collateral	\$
Amount entitled to priority \$		Amount of arrearage a	nd other charges <u>at time case filed</u> included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a	n)(1)(B)		
Wages salaries or commissions (up to \$10 000)* earned within		services for personal family o	rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Í		vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	, L		agraph of 11 U S C § 507(a) ()
			trment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED	\$ 709	,01156 \$	\$ 709,011.56
(unsecured) Check this box if claim includes interest or other charges in add	•	secured) amount of the claim Attach ite	(pnority) (Total) mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has 1 7 SUPPORTING DOCUMENTS Attach copies of suppor running accounts contracts, court judgments, mortgages, DOCUMENTS If the documents are not available explain 8 DATE-STAMPED COPY To receive an acknowledgm proof of claim	ting documents, so security agreement of the documents	uch as promissory notes pur its and evidence of perfection s are voluminous, attach a su	chase orders invoices, itemized statements of n of lien DO NOT SEND ORIGINAL immary
The original of this completed proof of claim form mus ACCEPTED) so that it is actually received on or before for each person or entity (including individuals, partne governmental units) BY MAIL TO BMC Group	5 00 pm, prevaili erships, corporation BY HAND BMC Gro	ng Pacific time, on Novembons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	rer 13, 2006 The Dife
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 20045 0011	1330 Eas	ACM Claims Docketing Centers St Franklin Avenue	9/25/2006
El Segundo CA 90245 0911 DATE SIGN and print the name and title if a		other person authorized to file	USA CMC
this claim (attach copy of power		Sample of the same	1072500231

UNITED STATES BANKRE	IDTCV COUDT			r	
DISTRICT OF NE		PRO	OOF OF CLAIM		
Name of Debtor		Case Nu	mher	-	
USA COMMERCIAL MOR	TGAGE Company		10725-LBR		
NOTE See Reverse for List of Debtors ar This form should not be used to make a clarising after the commencement of the cas administrative expense may be filed pursu	aim for an administrative exp se A request" for payment o ant to 11 U S C § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address	1991 Revocable	Toust	statement giving particulars		
Name of Creditor and Address Eleanor L. Rogers Clo Eleanor L. Roge FB Seal Rock S San Francisco,	dated 13.	91	Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE TH	S PROOF OF CLAIM FOR A
12 Seal Rock d	DRIVE		BMC Group in this case		EST IN A BORROWER THAT IS NOT
San Francisco,	CA 94121		Check box if this address differs from the address on the envelope sent to you by the	if you have alre Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (415 56		1-1-7-	court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number	by which creditor identifies o	leptor	Check here repla of this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	al injury/wrongful death	•	salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (c	escribe briefly) EXIFIBIT A		compensation for services pe	rformed from	(date) (date)
2 DATE DEBT WAS INCURRED		3 IF C	OURT JUDGMENT DATE O	DBTAINED	(ucto)
4 CLASSIFICATION OF CLAIM Check to	he appropriate box or boxes that	best descri	be your claim and state the amo	unt of the claim at th	ne time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$			SECURED CLAIM		
Check this box if a) there is no collateral of exceeds the value of the property securing entitled to priority			a right of setoff)		ed by collateral (including
UNSECURED PRIORITY CLAIM			Brief description of		-
Check this box if you have an unsecured of entitled to priority	laim all or part of which is		Real Estate Value of Collateral		_
Amount entitled to priority \$ Specify the priority of the claim			Amount of arrearage a secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U \$			Up to \$2 225* of deposits tow services for personal family of	ard purchase lease	or rental of property or
before filing of the bankruptcy petition or countries whichever is earlier 11 U S C	essation of the debtor's	E	Taxes or penalties owed to go Other Specify applicable par	overnmental units 1	11 U S C § 507(a)(8)
Contributions to an employee benefit plan	11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases commer	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 30 AT TIME CASE FILED	94,359.78 \$ (unsecured)		3 <i>59.18</i> \$	(priority)	\$ 304,359.78
Check this box if claim includes interest of	' '	•	•	,	' '
6 CREDITS The amount of all payment 7 SUPPORTING DOCUMENTS Atta running accounts contracts court judg DOCUMENTS If the documents are re-	ch copies of supporting documents mortgages security a	<i>iments,</i> su agreement	ich as promissory notes pur s and evidence of perfection	chase orders invo	oices itemized statements of
8 DATE-STAMPED COPY To receip proof of claim	•			•	envelope and copy of this
The original of this completed proof ACCEPTED) so that it is actually rec for each person or entity (including governmental units)	erved on or before 5 00 pm	prevailin corporatio	g Pacific time on Novemb ns, joint ventures trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC G oup		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up	1	
Attn USACM Claims Docketing Center P O Box 911	r	Attn USA 1330 Eas	.CM Claims Docketing Cente t Franklin Avenue	" FLE) JAN 1 2 2007
El Segundo CA 90245 0911 DATE SIGN and pri	nt the name and title if any of the		do CA 90245 other person authorized to file		
	m (attach copy of power of attorr	ney Jany)	NITTEE	,	USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment or up to 5 years or both 18 U.S.C. §§ 152 AND 3571

1072502223

FORM B10 (Official Porth 97) (1008) Doc 8895-3 United States Bankruptcy Court	Entered 08/09/11 14:54:27 Pag	ge 6 of 11
	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	Case Number	
a USA Connerial Mortaga		4
NOTE: This form should not be used to make a claim for an administrative expense in	istrative expense ansing after the commencement ay be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	7
debtor owes money or property) Fric C Distrow	else has filed a proof of claim relating to your claim Attach copy of statement	
thaster for Enec Disbrow 120 Inc Profit shorty Plan	giving particulars	
Name and address where notices should be sent	Check box if you have never received any	
Eric Disbrow 3 840 Farway Dr.	notices from the bankruptcy court in this case	
3 840 Fairway Vr.	Check box if the address differs from the address on the envelope sent to you by	
Telephone number on Park, Ca 95682	the court.	THIS SPACE IS FOR COURT USE ON
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	
	if this claim amends a previously file	
1 Resis for Claim Goods sold	Retiree benefits as defined in 1	
Services performed	Wages salaries, and compensal Last four digits of your SS #	tion (IIII out below)
Money loaned	Unpaid compensation for servi	ices performed
Personal injury/wrongful death Taxes	fromt	0
Other Sol Ship it A	(date)	(date)
2. Date debt was incurred	3. If court judgment, date obtained	
4. Classification of Claim. Check the appropriate box or boxes th	at best describe your claim and state the amount	of the claum of the time care Gi
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 747.567.0	Secured Claim	or the comment at the thirt case in
Unsecured Nonpriority Claim \$ 7 7 7 5 6 7 70	Check this box if your claim is	conved by colleteral (maked)
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) i only part of your claim is entitled to priority	none or	•
Unsecured Priority Claim	Brief Description of Collateral Real Estate Motor V	
Check this box if you have an unsecured claim all or part of w	ليبيا لسا	
entitled to priority	Amount of arrearage and other charg	
Amount entitled to priority \$	secured claim, if any \$ 6,3	40.37
Specify the priority of the claim	Up to \$2,225* of deposits toward pure	hase, lease, or rental of proper
Domestic support obligations under 11 USC § 507(a)(1)(A) of a)(1)(B)		sehold use - 11 U S C
Wages, salaries, or commissions (up to \$10,000),* earned within	Taxes or penalties owed to government	
lays before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	or's Under - Specify applicable paragraph o	
Contributions to an employee benefit plan - 11 U S C § 507(a)	rimound are subject to adjustment on 4/1/	07 and every 3 years thereafter after the date of adjustment
5. Total Amount of Claim at Time Case Filed.	\$447.567 447.567	447,567
Check this box if claim includes interest or other charges in additional charges.	(unactured) (secured) (pr attorn to the principal amount of the claim Attach	
Credits. The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	HIS SPACE IS FOR COURT USE ONLY
. Supporting Documents: Attach copies of supporting docume	MIS tuch se promissory notes purchase	
orders invoices itemized statements of running accounts, contract	CIS. COURT INforments, mortgages, eacuraty	
agreements and evidence of perfection of lien DO NOT SENT	O ORIGINAL DOCUMENTS If the	
documents are not available, explain If the documents are volumed by Date-Stamped Copy. To receive an acknowledgment of the file	ninous, attach a summary	D JAN 16 2007
addressed envelope and copy of this proof of claim.		USA CMC
Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn	e creditor or other person authorized to ney, if any)	1072502364
1/11/07/00 En	ic C Distron the	

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C \$8 152 and 3571

M.D., Inc. Pr., Sh., P. \$8 152 and 3571

UNITED STATES BANKRUPT CV COURT 00 8895	³ PR(OF OF CLAIM		
DISTRICT OF NEVADA			YOUR CL	AIM IS SCHEDULED AS:
Name of Debtor:	Case Nu	ımber:	Schedule/Claim II	O s31327
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica	ation
03A Commercial Mortgage Company	00-107	20-2511	\$1,699.89 Unsect	ured
NOTE: See Reverse for List of Debtors and Case Numbers.	l		1	70 2006
This form should not be used to make a claim for an administrative ex		Check box if you are aware that anyone else has		FILED NOV 0 2 2006
arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	or an	filed a proof of claim relating	The amounts refle	cted above constitute your claim as
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.	scheduled by the D	Debtor or pursuant to a filed claim. If amounts set forth herein, and have no
113212400	00541	Check box if you have	other claim agains	t the Debtor, you do not need to file
EVALYN C TAYLOR SEPARATE PROPERTY TRUST DATED 2/17/87		never received any notices	,	EXCEPT as stated below.
C/O EVALYN C TAYLOR TRUSTEE		from the bankruptcy court or BMC Group in this case.		own above are listed as Contingent, lisputed, a proof of claim must be
1908 ROLLING DUNES CT LAS VEGAS, NV 89117-6916		Check box if this address	filed.	district and at about 100 March
2.0 (22/.0, 00		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number 702 242 - 4389		court.	1 ' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here repla	ces	
Creditor Number 1047		if this claim amer		filed claim dated:
1. BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation		Other claims against servicer
Services performed Taxes		digits of your SS #:		(not for loan balances)
Money loaned Under (describe briefly)	Unpaid o	compensation for services pe	erformed from:	to
A DATE DEDT WAS INCUIDED.	lo 15 0	OUDT HIDOMENT DATE	DTAINED.	(date) (date)
2. DATE DEBT WAS INCURRED: SEE ATTACHMENTS 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE One your claim and state the amou		e time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff).				
entitled to priority. UNSECURED PRIORITY CLAIM Brief description of collateral:				
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	•
entitled to priority.		Value of Collateral	: \$	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$	532 Attachments
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa services for personal, family, o		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	Taxes or penalties owed to go		- ',','
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$	40.63	6·30 \$	ced on or alter the t	\$
AT TIME CASE FILED; (unsecured)			(priority)	(Total)
See Attachment's (unsecured) Cowhine Check this box if claim includes interest or other charges in addition to the	g <i>ent []</i> le principal	amount of the claim. Attach ite		of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre	dited and	deducted for the purpose of	making this proof	f of claim.
7. SUPPORTING DOCUMENTS: Attach copies of supporting docu	<u>uments,</u> su	uch as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the				ot send original LAHACAMENTS
8. DATE-STAMPED COPY: To receive an acknowledgment of th			ed, self-addresse	d envelope and copy of this
proof of claim.				self-oddussed
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5:00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,				
governmental units). BY MAIL TO:		OR OVERNIGHT DELIVERY TO): / I	USA CMC
BMC Group Attn: USACM Claims Docketing Center	BMC Gro		\/	1072500947
P. O. Box 911	1330 Eas	t Franklin Avenue		
El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the		other person authorized to file		
this claim (attach copy of power of attorn		a a	, ,	FILED NOV 022
10-31-06 Fuel CTI +	- /	4.001		

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim II	D s31333
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica	ation
USA Commercial Mortgage Company	00-10.	ZO EDIT	\$3 399 78 Unsect	ured 12
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense t of an	Check box if you are aware that anyone else has filed a proof of claim relating		SECURED cted above constitute your claim as
Name of Creditor and Address EVERETT H JOHNSTON FAMILY TRUST DATED 1/24/90 C/O EVERETT H JOHNSTON TRUSTEE PO BOX 3605 INCLINE VILLAGE, NV 89450 3605		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or I filed If you have alm Bankruptcy Court	Debtor or pursuant to a filed claim. If amounts set forth herein, and have no tithe Debtor, you do not need to file EXCEPT as stated below. How above are listed as Contingent, bisputed, a proof of claim must be eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number () 925 - 200 - 29		Court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	deptor	Check here repla	_r a previously	/ filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation	(fill out below)	Other claims against servicei (not for loan balances)
✓ Services performed ☐ Taxes ☐ Other (describe briefly)		r digits of your SS #		1
United Ideachibe briefly)	Unpaid	compensation for services pe	епогтеа тот	(date) to (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amou	int of the claim at th	e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) the securing your	vour claim	Check this box if y	our claim is secu	ired by collateral (including
exceeds the value of the property securing it or if c) none or only part of you	ur claım ıs	a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description o		П
Check this box if you have an unsecured claim all or part of which is		Real Estate		e L Other
entitled to priority		Value of Collatera	******	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any	ind other charges \$	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits tow	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u>_</u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u>L.</u>	Other Specify applicable par * Amounts are subject to adju-		
		with respect to cases commer		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	668	305 /2 \$	· · · · · · · · · · · · · · · · · · ·	\$ 668305 12
(unsecured) Check this box if claim includes interest or other charges in addition to t	`	secured) I amount of the claim Attach ito	(priority) emized statement	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	cuments. s agreemer document	uch as promissory notes, pu nts and evidence of perfections are voluminous, attach a si	rchase orders, in on of lien DO N ummary	voices, itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be se				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships, governmental units)	corporati	ons, joint ventures, trusts	and	USE ONLY
BY MAIL TO BMC Group	BMC Gro			FILED OCT 09 2006
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cent st Franklin Avenue	er	
El Segundo, CA 90245 0911		ndo, CA 90245		
DATE SIGN and print the name aportitle if any of the talm (attach copy of power of attor	ne creditor or	r other person authorized to file		USA CMC
10 6 Of The Claim (attach copy of power of attorn	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	78T JOH	NSTON	1072500500

UNITED STATES BANKSUE OF COURT PR	OOF OF CLAIM
PROPERIOR OF NEVADA	OUT OF CLAIM
and the state of t	
Name of Debtor Case N	
USA COMMERCIAL MORTGAGE COMPANY 06-	10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating
Name of Creditor and Address	to your claim Attach copy of statement giving particulars
FINNMAN FAMILY TRUST DATED 4/4/94 SUCCESSORT C/O ROBERT E FINNMAN TRUSTEE MARTHA ANN LUTZ 4538 SILVER BERRY CT 2712 EASTERN PARKWAY JACKSONVILLE FL 32224-6836 WINTER PARK 32789	from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (407) 629 - 1951	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor ACCT ID # 4920 CLIENT # ID 5294	Check here replaces or a previously filed claim dated if this claim amends
	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill out below)
Services performed Taxes Last for	ur digits of your SS # (not for loan balances)
1 "	compensation for services performed from to
2 DATE DEBT WAS INCURRED 10/1/04. 3/15/65. 4/18/05 3 IF 0	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Check this box if your claim is secured by collateral (including a right of setoff)
UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$ 350,000 00 see attached
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a) 5)	Other Specify applicable paragraph of 11 U S C § 507(a) () *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
	with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 350	, OCO, CO \$ \$ (secured) See attached (pnonty) (Total)
(unsecured) Check this box if claim includes interest or other charges in addition to the principal	, , ,
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such running accounts, contracts court judgments, mortgages security agreement DOCUMENTS if the documents are not available, explain if the documents 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	such as promissory notes purchase orders invoices itemized statements of its, and evidence of perfection of lien DO NOT SEND ORIGINAL
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporating governmental units)	ing Pacific time, on November 13, 2006 Ons, joint ventures, trusts and
BMC Group BMC Gr	
- I	ACM Claims Docketing Center ist Franklin Avenue
El Segundo CA 90245-0911 El Segu	ndo CA 90245
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any	
10/24/Cu flattia Cum tun, succes	·

FORM B10 (Official Form 10) (10/05)

"FIRST AMENDED"

United States Bankrupicy Court	DISTRICT OF <u>NEVADA</u>	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO	PROOF OF CLAIM	
NOTE This form should not be used to make a claim for an administrative expense matter than the case. A request for payment of an administrative expense matter than the case of the case		
Name of Creditor (The person or other entity to whom the debtor owes money or property) David Fossati	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent c/o Martin P Meyers 1000 SW Broadway, #1400, Portland OR 97205 Telephone number 503 227 1111	Check box if you have never received any notices from the bankinptcy court in this case Check box if the address differs from the address on the envelope sent to you by	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	the court. Check here	claim dated 8-22-06
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service fromto (date)	on (fill out below) ees performed
2 Date debt was incurred Various	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ See attached □ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim □ Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	Secured Claim The claim or none or a right of setoff) Brief Description of Collateral Real Estate	ehicle Other Setoff es at time case filed included in hase lease or rental of property schold use 11 U S C tal units 11 U S C § 507(a)(8) of 11 U S C § 507(a)(2
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluments are not available explain If the documents are voluments are voluments are not available explain if the document of the faddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of	tents such as promissory notes purchase facts court judgments mortgages, security ND ORIGINAL DOCUMENTS If the iminous attach a summary illing of your claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY LED NOV 0 1 200 USA CMC 1072500898
10/30/06 Martin P Meyers, OSB NO 99082 Att	orney if any)	

Case 06-10/25-gwz Doc 8895-3		OF OF CLAIM	⊩∠/ Pag	0 11 01 11
• .	FRU	OF OF CLAIM		Ì
Name of Debtor	Case Nu	mber:		
USA Commercial Mortgage Company		25-LBR		
COA Commercial mortgage company	UO-1U/	40°LDR		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative expeansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		LY OWED MONEY BY A BORROWER B BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars	DEBTORS YOU	DO NOT HAVE TO FILE A PROOF
11321242035473	3	Check box if you have		B INCLUDES MONEY FROM THAT ILD IN THE COLLECTION ACCOUNT
GLADSTONE-KATZ, GALE - TRUSTEE 1320 NORTH STREET		never received any notices	DO NOT == = =	NO DEPOSE OF CLASSICS
#29		from the bankruptcy court or BMC Group in this case	SECURED INTE	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
SANTA ROSA CA 95404		Check box if this address	ONE OF THE DE	BTORS
CALE CHADSTONE-KATZREVOCABLE TR	ius 1	differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (10)-511-2012		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	ebtor	Check here replace	es	
211		if this claim amen	a previously	y filed claim dated
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	S 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	alaries, and compensation (f	ill out below)	Other claims against servicer
Services performed Taxes Money loaned Other (describe briefly)	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid co	empensation for services per	formed from	to
2. DATE DEBT WAS INCURRED /2=//=2 002=	12 15 00	UPT IUDOMENT DATE O	NTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	OURT JUDGMENT, DATE Of the your claim and state the amount of the control of the	nt of the claim at	the time case filed
See reverse side for important explanations		SECURED CLAIM	or are orders at	are trip veloc incu.
UNSECURED NONPRIORITY CLAIM \$ 6 1.7 0 1 9			ur claim ie eaci	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it, or if c) none or only part of you	our claim ur claim is	a right of setoff)	viciiii i3 \$ 0 00	or by whaterar (mouding
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	_	IN OWN
Amount entitled to pnority \$				at time case filed included in
Specify the priority of the claim		secured claim, if any \$	10,47	140
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	services for personal family or	household use -1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)	片	Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable parage * Amounts are subject to adjust		
5 TOTAL AMOUNT OF CLAIM \$ / A1 a co a 5 \$ /		with respect to cases commend	ed on or after the	date of adjustment
AT TIME CASE FILED	77,05	9.05 \$		\$677,059.05
(unsecured)	•	cured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been credit	ted and de	ducted for the purpose of ma	aking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security agreements.	<i>nents.</i> suc	h as promissory notes purch	nase orders, inv	OICES, Itemized statements of
DOCOMENIS If the documents are not available, explain If the do	ocuments a	ire voluminous, attach a sum	mary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent i	by mail or	hand delivered (FAYES NO)T	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm. (prevailing	Pacific time on November	r 13 2006	USE ONLY
tor each person or entity (including individuals, partnerships, co governmental units)	proration	s, joint ventures, trusts and	1	
BY MAIL TO	BY HAND O	R OVERNIGHT DELIVERY TO		USA CMC
Attn USACM Claims Docketing Center	Attn USAC	M Claims Docketing Center		1072502277
P O Box 911 1	1330 East I	Franklin Avenue o, CA 90245	l	· · · · · · · · · · · · · · · · · · ·
DATE SIGN and print the name and title if any of the	creditor oc.e	ther person authorized to file .		FILED IAMA
this claim (attach copy of power of attorne	y if and	LE GLASS TONE-KAT	2 Keyocas	FILED JAN 12 400
The state of the s	CAI	EGIANTA/E-	V077	

Penalty for presenting fraudulent claim is the aup to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571